



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

EXHIBIT

DATE

HB

4

1/26/2011

January 26, 2011

I am writing to express MHA's support for continuation of the Montana State Loan Repayment Program (SLRP). MHA is an association that represents hospitals, nursing homes, home health agencies, hospices and physicians.

The SLRP provides important incentives to encourage health care professionals to locate in Montana communities. It is critical to ensuring access to high-quality health services all over the state.

Montana – especially our state's rural communities – faces a chronic shortage of health care professionals, especially those providing primary care services. This problem is made worse by three factors:

- Our aging health care workforce,
- Increased demand for health care services by an aging population, and
- Increased emphasis on primary care services driven by the trend toward better coordination of care and an emphasis on wellness and prevention.

One hospital CEO illustrated the magnitude of this problem at the January 8 Jobs Listening Session when she talked about her two laboratory technicians – one is 68 years of age and the other is 70 years of age. When one or both of these employees retires, she will face a very difficult recruitment task. This situation is true in communities all over Montana.

As we've learned through the Montana Rural Physician Incentive Program, loan repayment programs are a powerful tool in hospitals' efforts to recruit and retain staff. The SLRP program has the potential to be just as successful as MRPIP, and MHA has proposed significantly expanding the SLRP so that its impact can be felt in more communities around the state.

Health care workforce development is important for a second reason. The health care sector of our economy is one of the few that is creating jobs. An recent, informal survey of 25 of MHA's member hospitals found roughly 200 job vacancies.

These jobs are for very highly-skilled workers and pay very good wages. Thus, they have a profound impact on local economies, producing additional jobs and accounting for millions of dollars in economic activity.

The SLRP will help bring additional health care workers to these communities and help guarantee access to medical treatment. We urge your continued support.

Sincerely,

Dick Brown, President

MHA...An Association of Montana Health Care Providers

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January 24, 2011

This letter is to confirm the value of the Montana State Loan Repayment Program to Montana. It is an important tool in attracting and keeping health professionals in rural areas.

The SLRP is a partnership with the Federal NHSC whereby \$1.00 in state funds is matched with \$1.00 in Federal funds. The SLRP allows states the flexibility to prioritize loan repayment awards in communities where the Federal NHSC program may not. Currently, the Montana NHSC SLRP has awardees in Glasgow and Ennis to employ a Physician Assistant and Butte to employ a Nurse Practitioner.

These three individuals are providing much needed health care in their community and surrounding area. The Health Resources Services Administration estimates that each primary care provider provides services to approximately 1,500 patients each year, which equals approximately 4,000 to 6,000 patient visits provided per year for each full time provider. Their practices also provide an economic impact on the community: the community's health care clinic, hospital, nursing home, and dental and mental health practices can continue to provide services. Additionally, the ancillary staffs, such as nurses, x-ray and laboratory technicians, physical and occupational therapists, and administrative support, remain employed. The overall economic impact to a community is estimated to be approximately \$750,000 for each full-time primary practice provider. (American Association of Family Practice, June 2007). In 2010, the MT SLRP providers generated approximately \$2,225,000.00 of economic impact Montana's economy.

The SLRP is a partnership between the Department and the Area Health Education Center (AHEC), the Office of Rural Health located at MT State University and received support letters from 15 agencies, all committed to recruiting health care professionals to Montana. These agencies include: the MT University System – Office of Commissioner of Higher Education; Montana Hospital Association; South Central AHEC; Montana Primary Care Association; Community Health Centers in Butte, Dillon and Sheridan; the Fallon Medical Center in Baker; RiverStone Health in Billings; Libby Clinic; St Patrick Hospital and Health Sciences Center in Missoula; Pondera Medical Center in Conrad; McCone County Health Center in Circle; St Vincent Healthcare in Billings; and the Montana Dental Association.

An unexpected funding increase in the Federal NHSC program, from the 2009 American Recovery and Reinvestment Act and from the 2010 Affordable Care Act, resulted in an increase in NHSC funded applicants; thereby making it more challenging for Montana and the other 31 SLRP programs to award all their funding. Montana benefited from this increased funding from the federal program. As of January 2011, there was 133 primary care, mental health or dental providers currently

#### **Office of Rural Health**

#### **Area Health Education Center**

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working and receiving loan repayment or scholar support to practice through the federal NHSC program. This is an increase from 94 providers in December 2009.

We believe it is important for Montana to take advantage of the federal programs that help us recruit and retain health professionals in rural and underserved regions of the state. This SLRP has been a beneficial component of this strategy.

Two Whom It May Concern,

I've recently learned that the Montana State loan repayment for medical health professionals may soon be ending, if passed by vote. This news is very discouraging. As a PA student who had planned to stay in Montana and hopefully work at a Rural Health Clinic or Critical Access Hospital, not having the help with student loans will make pursuing this career much more difficult.

I am a Montana resident and I've had to travel quite a bit for school to meet didactic and clinical rotation requirements. I also have a household to maintain at home. Education and cost of living and travelling have been considerable. I will be less likely to pursue a career in underserved rural locations without the benefit of help with loan repayment.

I urge those that are responsible for voting on this matter to consider the impact on health care quality and availability of health care professionals should this loan repayment program be discontinued.

Sincerely,  
Julie Crownover PA-Student  
University of Washington, MEDEX

To whom it may concern,

It is very difficult to fill rural health care positions in Montana. The long hours and low wages scare most candidates away. The State Loan Repayment program is crucial to staff retention. I would seriously consider moving to a less rural setting if this program ends. The loan repayment is the difference that makes these jobs worthwhile as they are the most difficult and important jobs in the state.

Sincerely,

Cary B. Wilson B.A. M.S. PA-C